

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18047**

FILED JUN 2 1947

Registration District No. **184**

Primary Registration District No. **3038**

Registrar's No. **37**

1. PLACE OF DEATH:

(a) County **Linn**

(b) City or town **Brookfield**

(c) Name of hospital or institution:
521 E. Sedgwick /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **70 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn** **58**

(c) City or town **Brookfield** /
(If outside city or town limits, write "RURAL")

(d) Street No. **521 E. Sedgwick St.** **2** /
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Thomas Benton Ellenberger**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **M** / 5. Color or race **W**

6. (a) Single, widowed, married, divorced **M** /

6. (b) Name of husband or wife **Ida Purdin**

6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **April 15, 1882**
(Month) (Day) (Year)

8. AGE: Years **85** Months **1** Days **5** / If less than one day hr. min.

9. Birthplace **Ohio** /
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **Martin Ellenberger** /

13. Birthplace **Pennsylvania** /
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Ann Dotz** /

15. Birthplace **Ohio** /
(City, town, or county) (State or foreign country)

16. (a) Informant **Homer Ellenberger**

(b) Address **Brookfield, Mo.**

17. (a) **Burial** (b) Date thereof **May 22, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Garden Cemetery**

18. (a) Signature of funeral director **Rusk Funeral Home**

(b) Address **Brookfield, Mo.**

19. (a) **5-23-47** (b) **Walter B. Lewis**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20** year **1947** hour **8** minute **00** P. M.

21. I hereby certify that I attended the deceased from **1946** to **5/20/1947** 19____; that I last saw him alive on **5/20/1946** 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular Heart disease**

Due to **Aorta Sclerosis**

Due to **Atherosclerosis**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

3 1/2 hr
4 hrs
4 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury **0**

23. Signature **Short Lucas** (M.D. or other) **MD**

Address **Brookfield** Date signed **5/21/47**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH DEPARTMENT
Cameron, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Harold B. Wright*

Licensed Embalmer No. 3718

P. O. Address..... Brookfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.